

Application Data Sheet

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: HEAT-EMITTING PATIENT GARMENT  
Attorney Docket Number:: 1501-1285  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 1  
Small Entity?:: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: ANGELICA  
Middle Name::  
Family Name:: MALMBERG  
Name Suffix::  
City of Residence:: KUNGSBACKA  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing HAKANSGARDSGATAN 60  
Address::  
City of Mailing Address:: KUNGSBACKA  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: S-434 00

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: TINA  
Middle Name::  
Family Name:: RAUK BERGSTROM  
Name Suffix::  
City of Residence:: VASTRA FROLUNDA  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing PURPURGATAN 49  
Address::  
City of Mailing Address:: VASTRA FROLUNDA

State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: S-421 65

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: FREDRIK  
Middle Name::  
Family Name:: GELLERSTEDT  
Name Suffix::  
City of Residence:: ONSALA  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing BOMMEN 4  
Address::  
City of Mailing Address:: ONSALA  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: S-439 94

**Correspondence Information**

Correspondence Customer 00466  
Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/SE03/01132	6/27/03

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
SWEDEN	0202079-0	7/3/02	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::